City Of Raleigh
North Carolina

Housing and Neighborhoods Department
Community Development Division

COMMUNITY ENHANCEMENT GRANT PROGRAM

Application for Funding
for
Fiscal Year 2018-19

APPLICATION CHECKLIST

Applicants must provide a SIGNED ORIGINAL PLUS ONE ELECTRONIC COPY (in Microsoft Word, not a PDF) of the application. Applications that are incomplete or submitted after the deadline will not be reviewed.

Provide one copy of each of the following attachments: **Attached**

Complete, signed application	☐
Project budget in format provided (Excel)	☐
IRS 501(c)(3) tax determination letter	☐
Articles of Incorporation and By-Laws	☐
Most recent IRS tax form 990(ez)	☐
List of the agency's present Board of Directors, with mailing addresses, terms, and roles	☐
Copy of minutes of the Board meetings at which your two most recent financial statements were reviewed and approved by the Board of Directors	☐
Name and address of accountant or chief financial officer if you do not use a CPA	☐
The agency's most recent audited financial statement (include any audit or management letters)	☐
Current year operating budget	☐
Conflict of Interest Policy included (must include who must read/sign the policy)	☐
Organizational chart with key personnel and their titles	☐
Resume for Project Manager (staff person responsible for the project)	☐
Map showing location of project activities or project site, if applicable	☐
Letters of support from collaborating agencies or businesses, including explanation of what the collaboration will consist of	☐
Brief (<1 page) organizational history, including recent and ongoing projects, with organizational literature such as brochures (if not funded before by City)	☐
Other information, i.e. documentation supporting the credibility of the project	☐

You may be asked to provide additional information as follows, but not limited to: zoning verification, disclosure of potential conflict of interest, personnel policy, job descriptions, ADA policy, purchasing policy, and fund balance. **Incomplete applications and applications received after the deadline will not be reviewed. The City of Raleigh reserves the right to reject any and all proposals.**

To the best of my knowledge and belief, all data and narratives in this application are true and current. The governing board of the applicant has authorized the application.

_____
Executive Director (Please print or type)

_____   _____
Executive Director Signature   Date

_____
Board Chair (Please print or type)

_____   _____
Board Chair Signature   Date

BASIC INFORMATION

APPLICANT ORGANIZATION:

Legal Name of Organization	
Street Address (include city and Zip Code)	
Mailing Address (if different from above)	
Project Mailing Address (if different from above)	
Phone Number	
Federal Tax ID (required)	
DUNS Number (required)	
Email and/or Website	

Application Technical Assistance: (individual)	
Agency or Business Name	
Phone Number	

PROJECT CONTACT PERSON:

Name	
Title	
Phone Number	
Email Address	

PROGRAM OR PROJECT

Name of Project or Program to be funded	

FUNDING REQUESTED:

Total Amount of City Funds Requested - **not to exceed $60,000**	
Estimated Total Project Budget	
Percent of Total Project Budget to be funded by City of Raleigh	

CHECK IF YOUR ORGANIZATION IS A:

Minority-owned or – controlled (at least 51%) Business Enterprise (MBE)	☐
Women-owned or –controlled (at least 51%) Business Enterprise (WBE)	☐
Community Housing Development Organization (CHDO)	☐

THE CITY OF RALEIGH RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS

PROJECT DETAILS

A. CLIENTELE:
 Briefly describe your project's targeted clientele: the primary needs and number of your potential clients, including income level (area median income—AMI), race, family status, age, and special needs:

B. DESCRIPTION, PERFORMANCE MEASUREMENT, AND DELIVERY COSTS:
Complete tables 1 and 2 below.
Table 1: Description and Performance Measurement

a) Program/Project Description
Consider this when answering: What is the specific service your program/project will provide to your program participants? Why do they need this service? How will this service address that need? **BE BRIEF.**

b) How will the program/project be delivered?
Describe how the service will be delivered and what staff will deliver it. How are clients chosen? Is it first-come, first-served or is another method used? All clients must be income eligible and be residents of Raleigh. What additional criteria are there that potential clients must meet before they will be eligible for the service, if any? **BE BRIEF.**

c) Performance Measures (measurable outcomes/outputs for the program/project)
Describe how you will know if the service you are proposing is successful. How will you measure outcomes? **BE BRIEF.**
1.
2.
3.

Project Budget

The project budget (**Tab 1** in Excel file) will show the total cost for the project itemized in different categories: staff costs, program costs, and administrative costs.

In **Tab 2**, explain how costs are calculated. Costs must be overall costs to run this specific project only. Costs of directly providing the service to clients are eligible; however, general operating costs are not. These ineligible costs include but are not limited to general management, office rent and utilities, insurance and bonds, general agency office supplies, professional fees, grant writing fees, telephone and postage, etc.

* If Community Enhancement funds are to be used for equipment purchase, please explain your bidding process or procurement procedures on a separate page, including plans to include minority businesses.
** The Community Enhancement request must be no more than 50% of the overall program/project cost.

E. COMMUNITY INPUT (for neighborhood-based projects only):
   Describe how your agency has involved the community/neighborhood in the development of your project. List the presentations you have made about the proposed project to community organizations and area residents, including any Raleigh neighborhood Citizen Advisory Councils. Provide documentation of their feedback as an attachment**.**

F. PROJECT NEED for both EXISTING and NEW PROJECTS:
1. What community development priority in the City of Raleigh's *2016-2020 Consolidated Plan* will your project address? Is this a new project? Briefly explain how your project addresses that priority. (See pages 97—99 of the Plan.) Use this link:
   http://www.raleighnc.gov/community/content/Departments/Articles/HousingandNeighborhoods.html

2. Use the HUD 2017 Income Limits below to complete the following table to the best of your ability. Show numbers of clients, not percentages, in each category. Current income limits are listed in the first table below for Low- and Moderate-Income (LMI) households.

HUD 2017 Income Limits	Family Size							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Percentage of Area Median Income (AMI)								
10%	$5,620	$6,420	$7,220	$8,020	$8,670	$9,310	$9,950	$10,590
20%	$11,240	$12,840	$14,440	$16,040	$17,340	$18,620	$19,900	$21,180
Extremely Low - 30%	$16,850	$19,250	$21,650	$24,050	$26,000	$27,900	$29,850	$31,750
40%	$22,480	$25,680	$28,880	$32,080	$34,680	$37,240	$39,800	$42,360
Very Low - 50%	$28,100	$32,100	$36,100	$40,100	$43,350	$46,550	$49,750	$52,950
60%	$33,720	$38,520	$43,320	$48,120	$52,020	$55,860	$59,700	$63,540
70%	$39,340	$44,940	$50,540	$56,140	$60,690	$65,170	$69,650	$74,130
Low - 80%	**$44,950**	**$51,350**	**$57,750**	**$64,150**	**$69,300**	**$74,450**	**$79,550**	**$84,700**
100%	$56,200	$64,200	$72,200	$80,200	$86,700	$93,100	$99,500	$105,900

Number of Persons or Households Served, by Income Group

Check whether counting: Persons ☐   or Households ☐

Year	<30% of median	31–50% of median	51-80% of median	Total
Last year				
Current year				
Next year (projected)				

3. Community Enhancement funding is granted for the initial funding or expansion of a project. Briefly explain how many years this program has been operating, whether (and when) the City has funded this program before, and how you will support this project once City funding has ended.

G. PROJECT ELIGIBILITY

Community Development Block Grant:

To be eligible for Community Development Block Grant (CDBG) federal funds, project activities must meet one of the HUD CDBG National Objectives. Check **ONLY ONE** statement.

☐   **(1) LMI Limited Clientele**: At least 51% of persons served will be from low- and moderate-income households or be members of at least one of the following populations: abused

children, victims of domestic violence, elderly persons, severely disabled adults, persons who are living with HIV/AIDS, migrant farm workers, persons who are illiterate.
Explain below the process you will use to determine household income.

☐ **(2) LMI Area Benefit**: The project will benefit all residents in an area where at least 51% of households have low or moderate income. Describe the area below and attach a map showing its boundaries. Project must be available for use by all people in the area.
Explain below the process you will use to verify the residents are from the targeted area.

☐ **(3) LMI Jobs**: At least 51% of jobs created or retained will be filled by persons from low- or moderate-income households.
Explain below the process you will use to determine household income.

Explain your choice 1, 2, or 3 above. Explain how you will collect the required data. Reference your program manual if your agency has one.

H. ORGANIZATIONAL INFORMATION

Mission Statement of organization:

Longevity

1.	Number of years in business	
2.	Number of years operated as a 501(c)(3)	
3.	Number of years conducting the project for which funding is requested	

4. If this is a new activity or project, please explain how it fits into your organization's mission and the gap this program fills in Raleigh:

5. If this is an expansion of an existing project, please explain why this expansion is needed and how your organization will accomplish the expansion:

6. Does your organization have any unresolved HUD or other federal agency findings?   ☐ Yes   ☐ No

If yes, please explain:

7. Has your organization had any HUD or other federal agency findings resolved or unresolved in the past 5 years?   ☐ Yes ☐ No

If yes, please explain:

8. Has your organization ever had to return funds to HUD or any other federal agency? ☐ Yes ☐ No

If yes, what type and how much was returned?

9.   Does your organization have any unresolved audit issues?   ☐ Yes ☐ No

If yes, please explain:

9. Is your organization currently in or has it ever declared bankruptcy?   ☐ Yes ☐ No

If yes, please explain:

I. CENSUS INFORMATION

Program delivery is scheduled to take place in HUD qualified low-income census tract(s)*, census tract(s):

*See HUD Qualified Low-Income Census Tract Map on page 10 of the RFP document to determine census tract number(s) for your location(s).

AGENCY BUDGET INFORMATION

A. PROJECT FUNDING SOURCES
List funding amounts received or applied for from other sources for this project. Confirming documentation of funding received must be included:

Agency	Approved	Amount	Supporting letter(s) attached
	☐ Yes ☐ No	$	☐ Yes ☐ No
	☐ Yes ☐ No	$	☐ Yes ☐ No
	☐ Yes ☐ No	$	☐ Yes ☐ No
	☐ Yes ☐ No	$	☐ Yes ☐ No
	☐ Yes ☐ No	$	☐ Yes ☐ No
	☐ Yes ☐ No	$	☐ Yes ☐ No
	☐ Yes ☐ No	$	☐ Yes ☐ No
	☐ Yes ☐ No	$	☐ Yes ☐ No
Total Revenues		$	

List funding from all City of Raleigh sources for the prior year (2016-17) and current year (2017-18).

Source	Year of Award	Amount of Award
	☐ FY 16-17 ☐ FY 17-18	$
	☐ FY 16-17 ☐ FY 16-17	$
	☐ FY 16-17 ☐ FY 16-17	$
	☐ FY 16-17 ☐ FY 16-17	$
	☐ FY 16-17 ☐ FY 16-17	$